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in both nostrils, marked memory defect for recent events and impressions, rather prominent florid fabrications, and amnesia for the accident, but nothing of the retrograde or retroactive type.

Dr. Adolf Meyer's paper (American Journal of Insanity, January, 1904) relates to a larger clinical material than any of the previous contributions. In all, 31 cases are reported, and the histories show how multiple may be the psychic symptoms following trauma. The literature and the various theories relating to the exact bearing of trauma on mental disturbance, are reviewed. He suggests that in this group of cases there are at least five directions in which clinical studies may be of value.

1. Rieger's attempt at an inventory of the patient's mental possibilities.

2. The study of the vaso-motor neurosis of Friedmann.

3. The examination for the "explosive diathesis" of Kaplan.

4. The occurrence of dazed and dreamy states, conditions of anxiety, epileptic seizures.

5. The establishment of the etiological factors.

The prominent types in the classification are suggested as follows: the direct post-traumatic delirious states, the post-traumatic constitution, the traumatic defective conditions, traumatic psychoses from injury not directly affecting the head, and psychoses in which trauma is merely a contributory factor, such as general paralysis, manic-depressive insanity, and katatonic and paranoid states.

*Archives of Neurology from the Pathological Laboratory of the London County Asylums.* Edited by F. W. Mott, Vol. II, 1903. Macmillan & Co.

This is the second annual publication of the work of the pathological laboratory of the London County Asylums, edited by Dr. F. W. Mott. It is twice as voluminous as the publication of the previous year, and a glance at the titles shows how valuable are the works of Dr. Mott and his associates in the domain of neurology and psychiatry. The first and most voluminous paper, comprising 327 pages, on "Tabes in Asylum and Hospital Practice" is from the pen of the editor, and it is certainly the most complete and masterly exposition of the subject which we have met. The paper is especially strong on the physical symptoms of tabes, including minute studies of the sensory disturbances, and of the morbid anatomy and pathology of the disease. The clinical material is large, comprising in all seventy-four cases, but it is unfortunate that the mental states accompanying tabes and tabo-paralysis are not given in more detail, considering the excellence of the status of the physical conditions and the anatomical findings. Dr. Mott takes a strong stand regarding the syphilitic origin, if not nature, of tabes, general paralysis and the combined types of the disease, and this is in harmony with our modern conceptions in spite of a few weak arguments to the contrary. His words are worth quoting and most convincing: "That we cannot prove more than 70 or 80 per cent. of tabic and paralytic patients to have suffered with syphilis, is no argument against the doctrine that both paralysis and tabes are post-syphilitic affections. . . . In sixty cases of syphilitic brain disease I could not obtain a history in more than 70 or 80 per cent. The very important experiments of Jadassohn and Hirschl, that only in one-half of the cases of undoubted severe syphilis is it possible to prove primary infection, and the statement of Lang that in one-third of the cases of tertiary syphilis the primary infection was not demonstrable, are arguments against those who will not be convinced that syphilis is the essential cause of tabes and general paralysis unless it can be proved in every case."

He divides his cases into six groups as follows:

1st group—Those cases of tabes which present some unusual clinical phenomenon, or are adapted for explanation of some essential feature of the disease.

2nd group—Cases of tabes with insanity, not essentially the combined form with general paralysis, but with any fundamental psychosis, usually of the nature of an acute hallucinosis.

3rd group—Tabo-paralysis.

4th group—Tabo-paralysis with marked speech affection.

5th group—Optic atrophy and Tabo-paralysis.

6th group—Conjugal Tabes and Paralysis.

The next three papers discuss at length "Amentia" (Idiocy and imbecility) by A. F. Tredgold, the "Histological Basis of Amentia and Dementia" by Joseph Shaw Bolton, and the "Pathology and Morbid Anatomy of Juvenile General Paralysis" by George A. Watson. The papers deal in so minute a detail of the various subjects of which they treat, that only meagre justice could be done them in the limits imposed by a review. "The Prevention of Dysentery in the London County Asylums" by Dr. Mott, is a paper giving practical suggestions on the clinical symptoms of the different types of the disease, its prevention, its bacteriology and morbid anatomy.

There are two contributions on nerve chemistry, one by Halliburton and Mott on the coagulation temperature of cell globulin and its bearing on hyperpyrexia, the other upon the cholin test for active degeneration in the central nervous system. The first paper details a series of experiments on cats and on human brain material confirming the hypothesis that the physico-chemical cause of death from hyperpyrexia is due to the coagulation of the cell globulin; and anatomically this is coincident with the chromatolytic changes in the nerve cells. The paper on cholin gives a modification of Halliburton's recent method, but here it is applied to human blood and not to cerebrospinal fluid. The presence of the cholin crystals in the form of the double platinum salt, is a measure of myelin degeneration, but the test is useless to determine whether a cause is organic or functioned, unless the organic disease is active at the time the blood is drawn.

Smith's paper is a psychopathological study of the range of immediate association and memory in normal and pathological individuals. The importance of testing patients subject to mental disease in regard to their power of acquiring new impressions and ideas, and in their capacity for reproducing the same has been greatly emphasized of late, especially by Kraepelin and his pupils in their publications in the *Psychologische Arbeiten*. The tests were done orally, and uniformity in the presentation of the series was secured by means of the metronome, the pronunciation of each letter being made to coincide with a beat of the instrument. As the result of a large series of experiments, he draws the following conclusions: The method of immediate oral reproduction of auditory impressions appears to be reliable and practicable both with normal and pathological individuals, and to be well fitted to test the range and character of immediate association in different mental states. He divides these cases into three pathological groups: (1) three men in the early stages of general paralysis; (2) general paralysis in three men and one woman but the disease is less marked than in the first group. The male cases had coincident tabes and there was a history of alcoholic excesses; (3) three women and two men presenting general features of some degree of dementia, confusion and loss of memory, with a history of previous marked alcoholism. With normal subjects the range of immediate memory has usually a definite limit which varies with each individual, but as a

rule is found to lie at five letters. When the limit is reached the addition of one letter to the series of auditory impressions produces a very decided fall in the number of series which are reproduced quite correctly; this fall amounts to 40 to 50 per cent. on the average. With abnormal subjects the relations are similar but less clear. In the abnormal cases the general nature of the pathological changes are similar. They consist in a marked diminution in the power of reproducing impressions in correct order, and in a more or less distinct increase of all the errors indicating the more severe forms of associational disorder. In all the groups (normal and abnormal) within certain limits the total of errors indicating partial dissociation or disorder remains relatively constant and reaches approximately the same absolute magnitude. None of the groups shows any marked fluctuations of attention, or any distinct and regular improvement by practice. With the help of this method we are able to differentiate with some precision between the more permanent memory and the power of immediate reproduction.

Bolton's paper on the "Pathological Changes in the Medulla Oblongata in Acute Diphtheritic Toxæmia" is a study of the degenerative changes caused by the diphtheria toxine in the nuclei of the medulla. The contribution by Cole is a further histological study of one of the three cases published in *Brain* (Autumn, 1902), relating to changes in the central nervous system in alcoholic paralysis with the characteristic polyneuritic mental disorder.

*A Case of Moral Insanity with Repeated Homicides and Incendiarism and Late Development of Illusions.* H. R. STEDMAN. Boston Medical and Surgical Journal, July 21, 1904. Vol. CLI, No. 13.

This very excellent contribution relates to the case of the moral imbecil, J. T., who suddenly became notorious as one of the greatest poisoners of modern times. The entire history is given in great detail showing the gradual development of the moral weakness, the repeated homicides by poison, the medico-legal complications and the mental status of her hospital residence with the elaboration into a fixed, delusional state. There follows a discussion of the case by members of the medical society before whom the paper was read. On the whole, it is an important contribution to the much-discussed subject of moral insanity and it will certainly repay perusal.

*The Localizing Diagnostic Significance of so-called Hemianopic Hallucinations with Remarks on Bitemporal Scintillating Scotomata.* A. PICK. American Journal of the Medical Sciences. Jan., 1904. Vol. CXXVII, No. 1.

Recently Prof. A. Pick, of Prague, has made several contributions to American and English Medical Journals, and the one whose title appears above is probably the most important, combining as it does localizing neurological diagnosis, with the most prominent symptom occurring in the course of mental diseases. He bases his paper on a recent observation of Jolly, that light phenomena in a hemianopic field of vision, have their origin in the primary optical tracts and not in the cortex. He elaborates on this statement, however, by showing that more complicated phenomena than simple, elementary light sensations, in fact, real hallucinations, may be produced in an hemianopic area by focal organic or functional disorders in the optic tracts. Four cases are given, mostly from the author's private practice. In regard to visual hallucinations in general, it is now known that they may take place in any part of the visual apparatus, from the cornea to the cortical layer in the occipital lobe, and the author promulgates a